life criteria or even QoL impact on family. **CONCLUSIONS:** This analysis presented a possible scenario for the implementation of VBA. None of the drugs with a negative recommendation would get a positive recommendation under this scenario. The products at most risk are those currently accepted using end-of-life criteria. However, how the new value elements will be weighted has yet to be determined.

PHP195

THE EVOLUTION OF INTERNATIONAL REFERENCE PRICING: AN ANALYSIS OF 39 COUNTRIES

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OBJECTIVES: To characterise country-level changes to international reference pricing (IRP) policy frameworks across 39 markets, and understand how countries amend this tool. **METHODS:** Qualitative interviews were conducted with 50 stakeholders across 39 markets, representing 37 payers or payer influencers and 13 industry stakeholders. These interviews focused on country-level IRP methodology, both past and present. Extensive secondary research of government websites and existing literature was also conducted. A qualitative and semi-quantitative analysis of these findings was undertaken to identify key trends in how IRP has been modified as a policy tool since implementation. **RESULTS:** Of the markets considered, IRP has remained comparatively stable – in terms of both the countries comprising the reference basket and the underlying formula for determining the reference price remaining unchanged – in just under one-third of the 39 markets. In contrast, just over one-third of these markets have modified their IRP baskets to include one or more additional countries with the objective of lowering prices. A smaller number have made substantive changes to the IRP formula itself, notably with four markets transitioning from taking the average price of their basket as a reference to either taking the average of the three lowest or taking the lowest. **CONCLUSIONS:** IRP serves as a dynamic policy tool, changing to reflect individual country circumstances and broader policy reform over time. While a number of markets have maintained a stable IRP regime since inception, a larger number have made some changes, the most common being to add one or more markets to the reference basket. Although changes to IRP are mostly concentrated in Eastern European markets, as well as Western European markets most impacted by the recent economic crisis, the present study also suggests that there is considerable variation across geographies and time in how countries adapt their use of IRP.

PHP196

MAKING SENSE OF NICE'S 'NEW' MTA AND STA PROCESS GUIDE: A NARRATIVE SYNTHESIS

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OBJECTIVES: NICE's guides to the process of Multiple Technology Appraisals (MTA) and Single Technology Appraisals (STA) provide a valuable source of information to enable stakeholders to engage in Health Technology Appraisals (HTAs). NICE recently conducted a review of the process guides which has implications for all stakeholders involved with MTAs and STAs. The objective of this analysis was to identify the number and type of amendments within the guides in order to highlight the most important changes for consultees and commentators. **METHODS:** Narrative synthesis was used to systematically identify, classify and explore the impact of the proposed amendments to the MTA and STA process guides. The hypothesis was that the amalgamation of the MTA and STA guides would simplify both TA processes whilst increasing rigour and transparency. Sources of reference were the draft of the new process guide, the NICE Senior Management Team Board Cover Paper, and the 2009 MTA and STA process guides. **RESULTS:** Amendments were classified as relating to the process itself (26%), data and confidential information (44%), terminology (7%), and others (22%). Of the 27 amendments to the MTA and STA process guides, 4 (15%) were identified as major amendments which warrant specific appreciation. Major amendments included: (1) the STA decision problem meeting moving to after the Department of Health referral; (2) stricter rules around the marking of confidential information; (3) full publication of MTAs; and (4) MTAs now have the opportunity to go straight to Final Appraisal Determination (FAD) following the first committee meeting. **CONCLUSIONS:** The draft process guide suggests that the new MTA and STA processes will foster greater engagement between stakeholders early on, increase transparency, and enable patients to have quicker access to innovative medicines which are able to go straight to FAD.

PHP197

METHODOLOGICAL REQUIREMENTS REGARDING QUALITY OF LIFE MEASUREMENT IN THE EARLY ASSESSMENT OF BENEFIT IN GERMANY

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OBJECTIVES: In Germany, an early assessment of benefit (EAB) is required for new medicines since January 2011. The pharmaceutical manufacturer submits a dossier on additional benefit over comparative treatment which is subsequently evaluated by the Institute for Quality and Efficiency in Health Care (IQWiG). Stakeholders can comment on the evaluation in a formal comments procedure. The final decision on additional benefit is made by the Federal Joint Committee (G-BA); it provides the basis for price negotiations between manufacturer and statutory health insurance funds. Quality of life (QoL) is one of four criteria for benefit evaluation. This qualitative study aimed to determine methodological requirements for QoL measurement in the German EAB. **METHODS:** A qualitative content analysis according to Mayring was conducted. Documents of all EABs completed until December 2013 (including dossier, IQWiG evaluation, protocol of the oral hearing, and G-BA decision) were searched for the term QoL or synonyms. Relevant passages were extracted and reduced to key content by two researchers independently. On the basis of subsequent consensus building, recurring themes of the term's usage in the EAB process were identified. **RESULTS:** In the 66 early assessments of benefit included in the analysis, a range of methodological requirements regarding QoL assessment, analysis, and interpretation emerged. Dominant topics included: the appropriate level of disease-specificity of QoL instruments; required evidence on an instrument's validity and on the validity of a minimal important difference; appropriate duration of QoL assessment; consequences of potential bias due to unblinded study design or missing data; interpretation of results that differed between subscales of an instrument; non-acceptance of surrogate endpoints for QoL. **CONCLUSIONS:** Evidence on QoL can have high impact on the additional benefit determined by the G-BA. Therefore, QoL assessment and analysis in clinical studies that shall enter benefit dossiers should confirm with a range of methodological requirements.

PHP198

EXPLORING THE FLAWS IN COST-EFFECTIVENESS MODELS THAT LEAD TO REJECTION OF NICE SUBMISSIONS

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OBJECTIVES: New health technologies are required to demonstrate both clinical and cost-effectiveness before recommendation by the National Institute for Health and Care Excellence (NICE) for reimbursement in England; however, a large proportion of submissions are rejected due to non-robust economic analysis. Published NICE guidance includes a comprehensive critique of submitted economic evidence so, to help inform future submissions, we assessed the flaws in cost-effectiveness models leading to rejection by NICE. **METHODS:** All NICE single technology appraisals from January 2006 to May 2014 were included in the analysis. Multiple technology appraisals, resubmissions, vaccination programmes, requests for advice, and submissions where an incremental cost-effectiveness ratio (ICER) could not be determined were excluded. Recommendations and reasoning across decisions were extracted, with a focus on the critique of the economic evidence. **RESULTS:** 121 NICE submissions met the inclusion criteria, 28 (19.8%) of which were rejected. Non-robust economic analysis was one of the listed reasons for rejection in 75.0% (21) of cases, and in all cases where the submitted ICER was below the £30,000 cost-effectiveness threshold. Within these submissions, the key drivers behind rejection due to non-robust cost-effectiveness modelling were: a high level of uncertainty in inputs (leading to a sensitive or unreliable ICER) (in 90.5% of cases); mishandling of data (e.g., overstated treatment effect or failure to account for adverse events) (85.7%); misalignment to the reference case (e.g., inappropriate comparator or weak methodology) (38.1%); and unrealistic assumptions (38.1%). **CONCLUSIONS:** Non-robust economic analysis is one of the main reasons behind rejection of NICE submissions, largely due to high uncertainty, or selective use of data to favor the health technology being appraised. Early modelling may allow manufacturers to identify and address sources of uncertainty or weakness early in the clinical development process, in order to construct a convincing and robust economic argument ahead of reimbursement submission.

PHP199

IS IT POSSIBLE TO PREDICT THE MARKET ACCESS OF A NEW PHARMACEUTICAL IN GERMANY? A SYSTEMATIC EVALUATION OF FEDERAL JOINT COMMITTEE DECISIONS ON EARLY BENEFIT ASSESSMENTS ACCORDING TO THE GERMAN LAW FOR REFORMING THE MARKET OF PHARMACEUTICALS

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OBJECTIVES: As of 1st January 2011 the German drug market is regulated by the act of the reorganization of the pharmaceutical market (AMNOG). Since then the normal procedure for reimbursement of a new pharmaceutical is an early benefit assessment by the joint federal committee (G-BA) which determines one of six additional benefit levels. According to AMNOG any specification of the reimbursement price shall be based on the outcomes of the early benefit assessment. Hence this assessment takes a key role for market access of a new drug in Germany which poses the question whether it is possible to predict the level of additional benefit that will be established by the G-BA. **METHODS:** In order to evaluate a possible predictor of G-BA decisions, the 'evaluation of pharmaceutical innovations (EVITA)' score was calculated and retrospectively compared with 40 published G-BA decisions. The EVITA algorithm evaluates a new compound for a given indication and in relation to a relevant comparator on the basis of randomized controlled trial (RCT) evidence. EVITA translates the RCT outcomes on the therapeutic benefit and risk profile into rating points, which are expressed as a total EVITA score. **RESULTS:** Univariate ordinary least squares and ordered logit regression analyses show statistically significant correlations between EVITA scores and the G-BA additional benefit levels. Moreover, for the prediction of an additional benefit level of at least 'minor', an EVITA score cutpoint of ≥ 3 is associated with a sensitivity of 100% and a specificity of 80%. For the prediction of an additional benefit level of at least 'considerable', an EVITA score cutpoint of ≥ 7.5 is associated with a sensitivity of 100% and a specificity of 93.1%. **CONCLUSIONS:** The present investigation indicates that the EVITA score may have the potential for the prediction of G-BA decisions related to AMNOG early benefit assessments.

PHP200

SELECTION OF TOPICS FOR NICE TECHNOLOGY APPRAISAL 2005-2011: WHAT MATTERS MOST?

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OBJECTIVES: The National Institute for Health and Care Excellence (NICE) undertakes appraisals of selected health technologies, and those judged to be cost-effective must be funded for use on the National Health Service in England and Wales. Obtaining a positive appraisal decision is therefore important to commercial developers seeking market access, who require consistent application of topic selection criteria (which were amended in 2009). We sought to establish which characteristics of drugs or their indications were most important in the decision to undertake an appraisal. **METHODS:** All marketing authorisations (MAs) granted